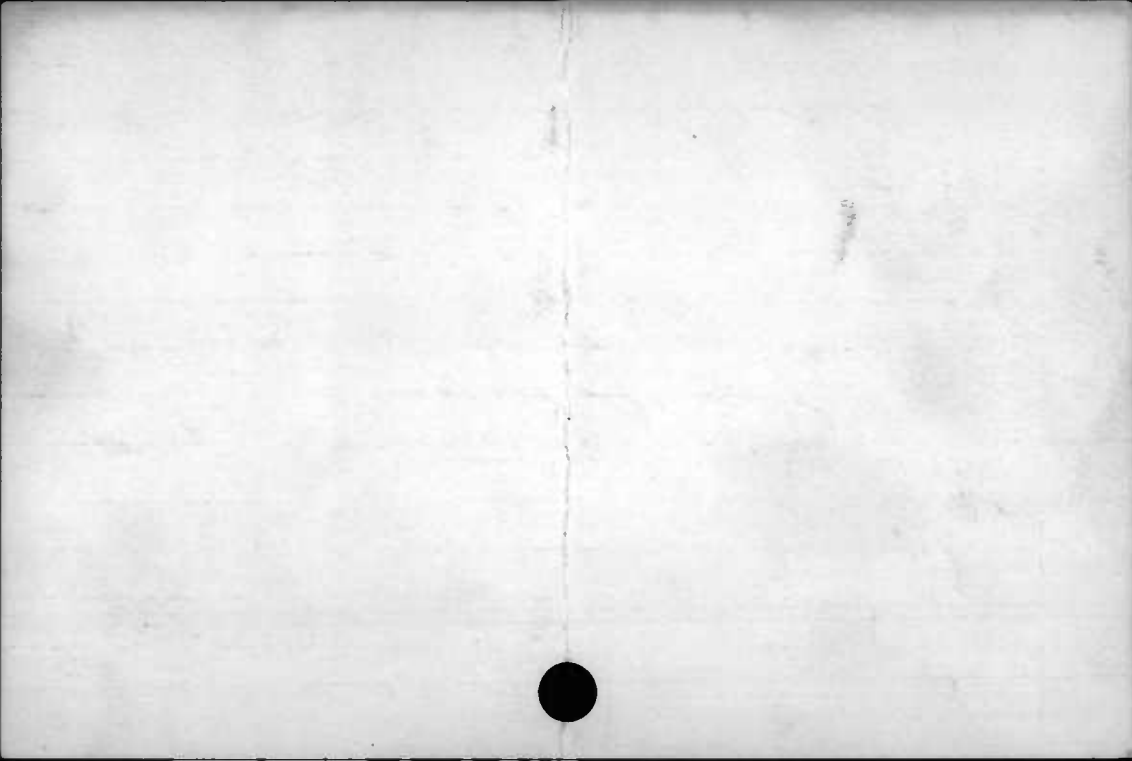
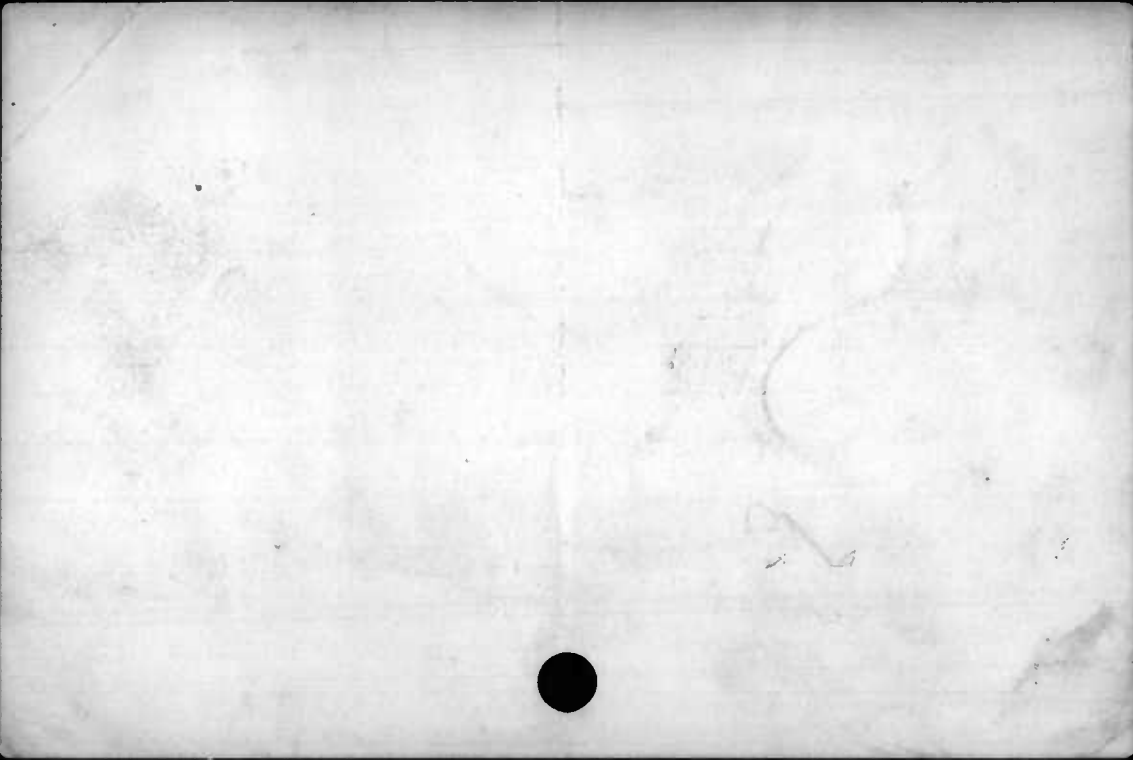


Name in Full <i>J. Warren Badders</i>		CERTIFICATE OF DEATH	
Died at <i>Oakwood</i> Town		<i>Accil</i> County	
MAYLAND			
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>15</i>	Age <i>69</i>
Months <i>8</i>		Days <i>17</i>	
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md.</i>	
Married, Single or Widowed		Occupation <i>Shoemaker</i>	
Name of Wife or Husband <i>Mary Badders</i>			
Father's Name <i>John A. Badders</i>		Father's Birthplace <i>md.</i>	
Mother's Maiden Name <i>Eliza A. Badders</i>		Mother's Birthplace <i>md.</i>	
Name of person giving information <i>Oliver C. Badders</i>		How related to decedent <i>Son</i>	
CAUSES OF DEATH			
Primary <i>Nephritis</i>	<i>120</i>		How long <i>4 years</i>
Immediate <i>Heart Failure</i>			How long <i>short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. M. Rogan M.D.</i>		
	Address <i>Conowingo Md.</i>		
Accident or Suicide?			



Name in Full		Harry Walter Bowlsby				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Died at		Zion		Cecil	
		Date of death 190		Month		Day	
		3		10		1	
		Age		Years		Months	
		26		8		Days	
		Sex		Male		Color or Race	
Married, Single or Widowed		Single		Occupation		Machinist	
Name of Wife or Husband							
Father's Name		Sylvester Bowlsby				Father's Birthplace	
Mother's Maiden Name		Elizabeth Astle				Mother's Birthplace	
Name of person giving information		Mary E. Barnett				How related to deceased	
						Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Phthisis Pulmonalis				2 years	
		Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Charles H. Miller			
				Address			
				North East R. F. 1			
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Broadway

Town

County

Died at *the speaking City**Cecil*

MARYLAND

Date

of death 1903

Month

10

Day

Age

Years

72

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Stonor, Md.*

Occupation

*Painter*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name or Wife or
Husband*Cassie Broadway*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*♥♥*Mother's
Birthplace*Unknown*Name of person giving
Information*Wm B. Broadway*How related
to deceased*Son*

CAUSES OF DEATH

Primary

See other side

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?

Madison for the last ten years, until within
the last two, had been victim of drink - Was repleated
on both sides - a year or more ago, his reason gave
way, and he was to a certain extent insane -
did not for some time, recognize any one - 2 a year
or 6 months, made out paper certifying to his insanity,
that he might be committed to the Maine Asylum
at Cherry Hill - but they absconded the matter, &
kept him at home until his death -

J. J. Wallace M.D.

Name
in
Full

Ormond Cameron

CERTIFICATE OF DEATH

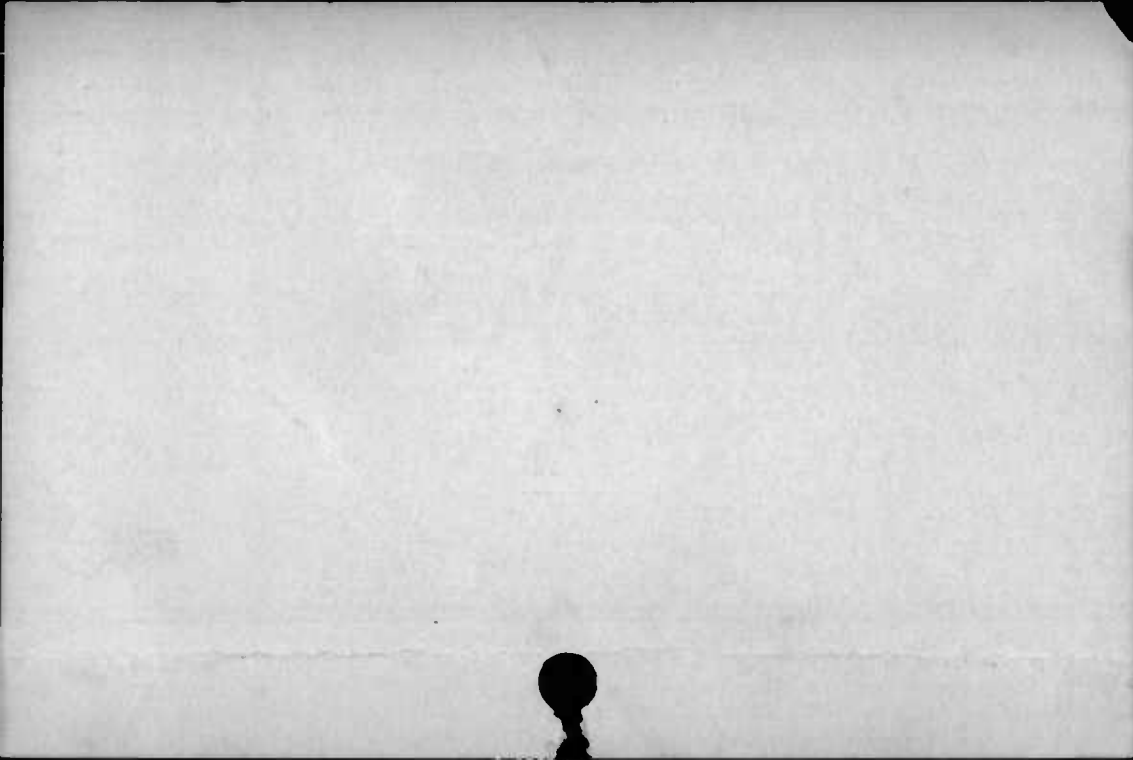
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i>		County <i>Beall</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>31</i>	Age <i>33</i>	Months <i>5</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>North East</i>		
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>North East</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Carrie Darling</i>			
Father's Name <i>Robert McCameron</i>		Father's Birthplace <i>North East</i>			
Mother's Maiden Name <i>Annie Ahernant</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>A. B. Cameron</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>- Mound - nail - foot -</i>	How long <i>8 days - 14 B</i>
Immediate <i>Flames</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. Cameron</i>
	Address <i>N. E.</i>
Accident or Suicide?	



Name in Full		Devore		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Elkton		County Cecil	
	Date of death		1903	Month	Oct
			Day	4	Age
			Years	—	Months
			Days	—	
	Sex	Female		Color or Race	White
	Birthplace	Elkton			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		S
Father's Name	Wm M. Devore		Father's Birthplace		Penna
Mother's Maiden Name	Rebecca Maldon		Mother's Birthplace		Penna
Name of person giving information	Rebecca Maldon		How related to deceased		Mother
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Still born			How long
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
			Address		
	Accident or Suicide?				



Name
in
Full

Robert J. Duncan

CERTIFICATE OF DEATH

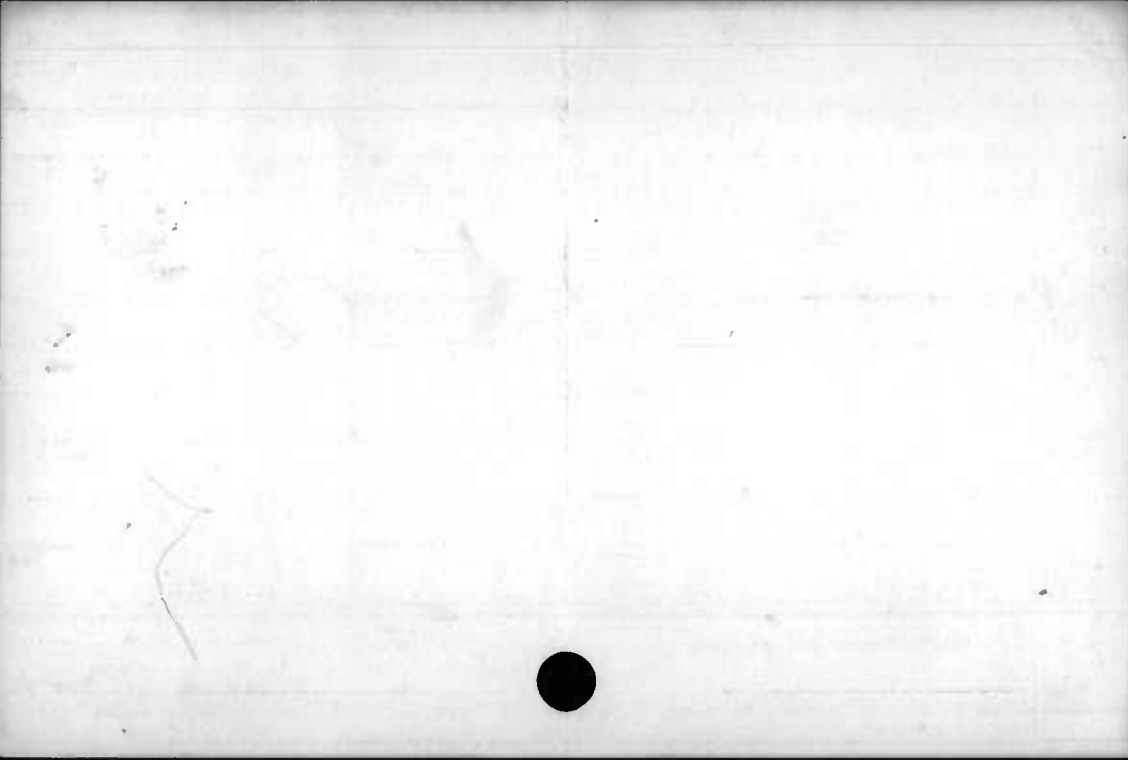
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Somerset</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Oct</u> ^{Month}	<u>5</u> ^{Day}	Age <u>36</u> ^{Years}	<u>9</u> ^{Months}	<u>11</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Seam, Va.</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Mary Kiziah Duncan</u>					
Father's Name <u>James C. Duncan</u>			Father's Birthplace <u>Va.</u>		
Mother's Maiden Name <u>Christiana Krouse</u>			Mother's Birthplace <u>Balto, Md.</u>		
Name of person giving In formation <u>John C. Duncan</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>10 days</u>
Immediate <u>Heart-failure</u>	How long <u>2</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. H. Miller</u>
	Address <u>North East, Md.</u>
Accident or Suicide?	



Name In Full

Isaac B. Green

Town

County

Died at

MARYLAND

Date 19

12

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 11

Age

Cecil & M. Lerner

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 4

Husband of

Mary Green

~~Wife~~

Father's

Name

John Green

Mother's

Maiden Name

Eliza Wilson

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

B. Green

Address

H. E. Green

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ruth Hale

CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at Fredricktown Town

County
Cris

MARYLAND

Date of death 190(3	Month 10	Day 2
-------------------------------	-------------	----------

Age	Years	Mo
-----	-------	----

Months	Days
2	10

Sex	Female	Color or Race	m
-----	--------	---------------	---

White	Birth-place	Ind.
-------	-------------	------

education.

Married, Single
or Widowed _____

Occupation _____

Name of Wife or Husband _____

Father's Name Wm. Hall

Father's Birthplace *Ind*

Mother's
Maiden Name *Hannah Christensen*

Mother's Birthplace *md*

Name of person giving information Philomena Lewis

How related to deceased	None
-------------------------	------

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long	_____
----------	-------

Immediate Casualty

How long 1 day

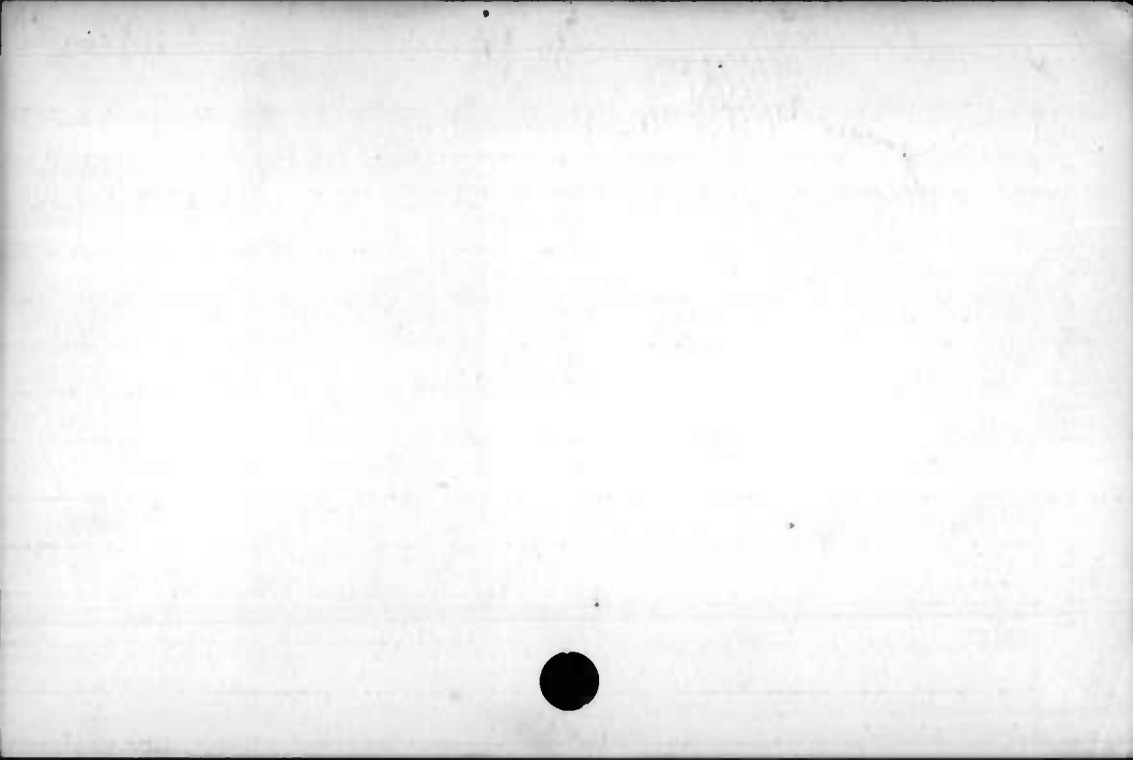
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician *R. M. Beck*

Address Peabody

Accident or Suicide?

Med.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. Henderson

Died at *Rock Run*

Town

County

Cecil

MARYLAND

Date

of death 1903

Month

Oct

Day

12

Age

Years

Months

3

Days

6

Sex

*Male*Color or
Race*Colored*Birth-
place*Rock Run*~~Married~~, Single

Occupation

Name of Wife or
HusbandFather's
Name*Henry Henderson*Father's
Birthplace*Canada*Mother's
Maiden Name*Maggie H. Hillyard*Mother's
Birthplace*Delaware*Name of person giving
Information*Mother*How related
to deceased

CAUSES OF DEATH

Primary

Cholera Infantis

How long

1 week

Immediate

How long

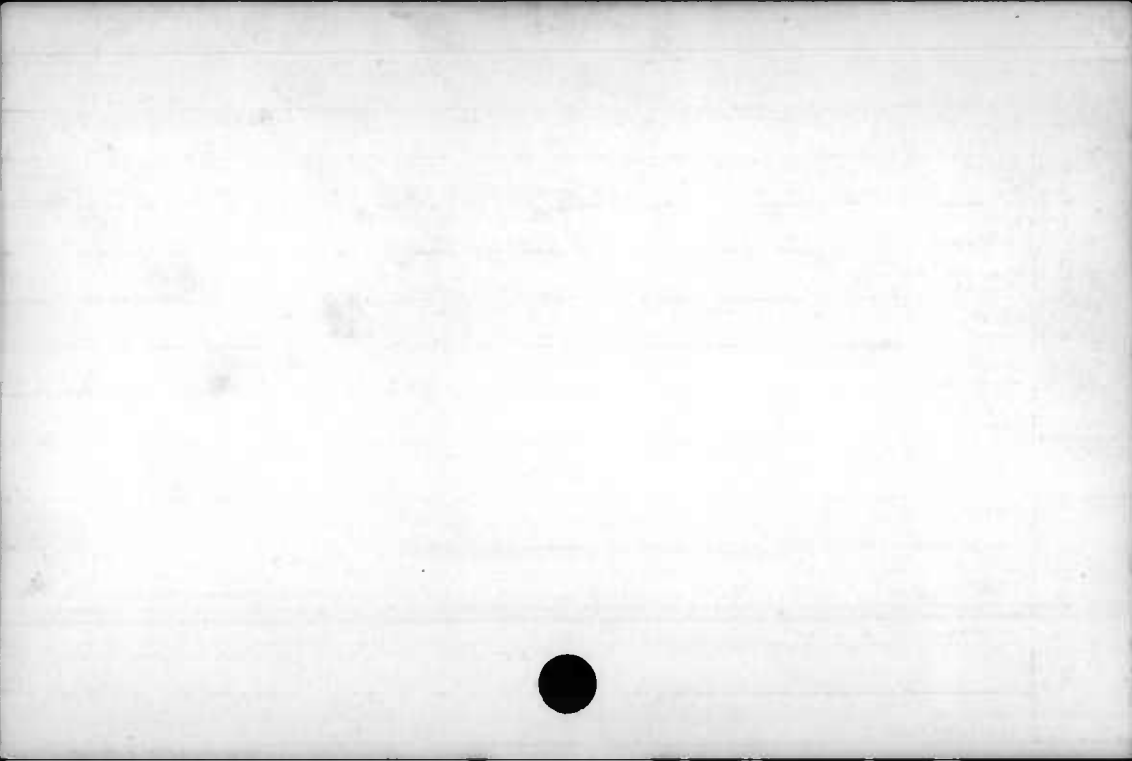
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

H. E. Chamberlain
Rock Run

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Date 19

Male

Month

Day

Y.

M.

D.

Native of

MARYLAND

Occupation

Age

Married

Widow

Divorced

Number of children living

5

Husband of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by


Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

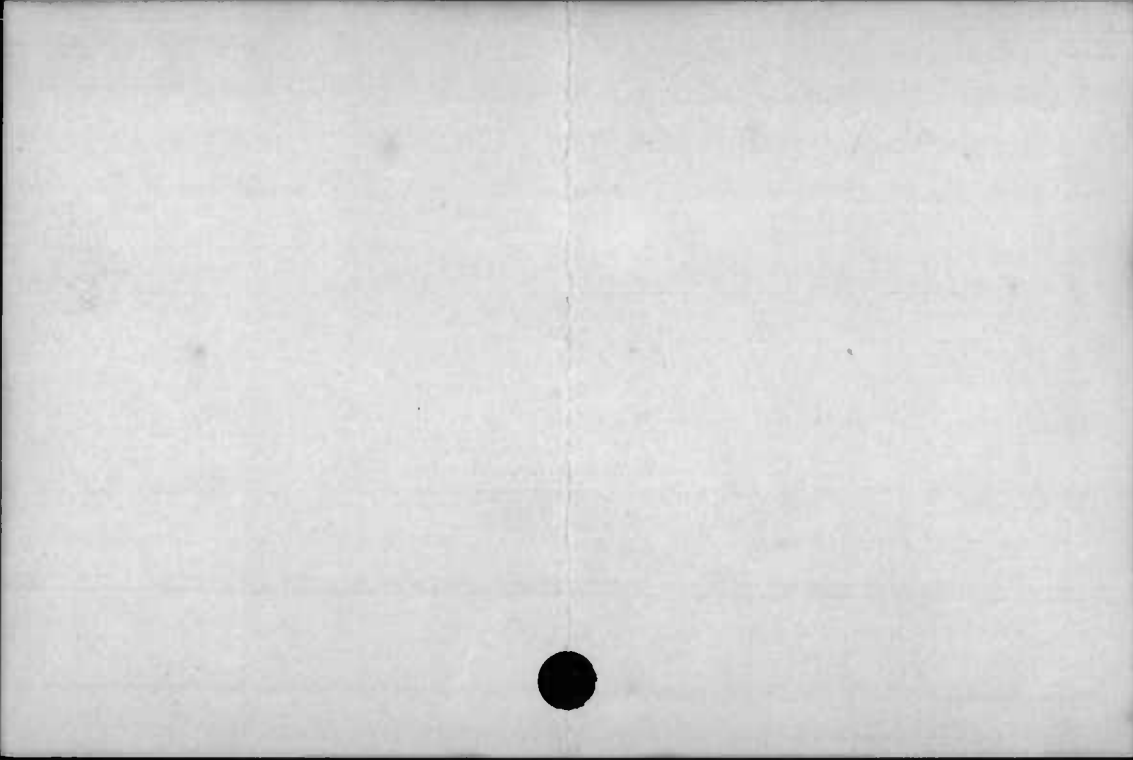
LIBRARY BUREAU, 79898



Lizzie Baird Jackson															
Town			County												
Died at			Maryland												
Woodlawn			Ceil												
Date		Month		Day		Y.		M.		D.		Native of		Occupation	
1903.		October		3		41		3		13		Ceil Co.		Housewife	
Male		White		Married		Widow		Divorced		Number of children living		2.			
Female		Colored		Single		Widower									
Husband of															
Wife of															
Father's Name										Mother's Name					
James Baird										Lizzie Baird.					
Cause of										How long sick					
Primary										3 years.					
Death															
Immediate										Accident, Suicide, Homicide					
Reported by															
J. F. Brown															
Address															
Port Deposit, Md.															

Name in Full		Robert Jackson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Charlestown	County Beech		MARYLAND	
	Date of death	1903	Month Oct	Day 24	Age 81	Months	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Stonemason		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	Walter Jackson				How related to deceased		Son
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Cancer of Bowels			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
Accident or Suicide?							
<div>LIBRARY BUREAU A48318</div>							

Theo. A. Monell M.D.
North East



Russell R Jackson

Town

County

Died at

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Oct

5

8

1903

11

Cecil Co

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Membranous Chole

Strangulation

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Elzie Jenkins				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Sandy Branch 1st Dist	County Cecil		MARYLAND		
		Date of death	1903	Month Oct	Day 8	Age 7	Years	Months	Days
		Sex	Male		Color or Race	Black		Birth- place	Cecil Co
		Occupation				Where Residing if not at place of death			
		Married, Single or Widowed	Single		Name of Wife or Husband				
		Father's Name	William Jenkins				Father's Birthplace		
		Mother's Maiden Name				Aunie Jenkins		Mother's Birthplace	
		Name of person giving In formation				179		How related to deceased	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Asthma							
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
		Address				C. H. A. Ritchie			
						Middletown Del.			
		Accident or Suicide?				Copied from Delaware Blank. H. B.			



Name in Full

Certificate of Death

James Johnson

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

10 12

Age

59

Cecil

Farmer

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

11

~~Female~~~~Colored~~~~Single~~~~Widower~~

Husband

of

Alice Johnson

Father's

Name

Mother's

Maiden Name

James Johnson

Sarah Hill

Cause of

Primary

How long sick

3 days

Death

Immediate

Gun Shot

Accident, Suicide, Homicide

Reported by

Ricketts Nelson, Coroner, Cecil Co.

Address

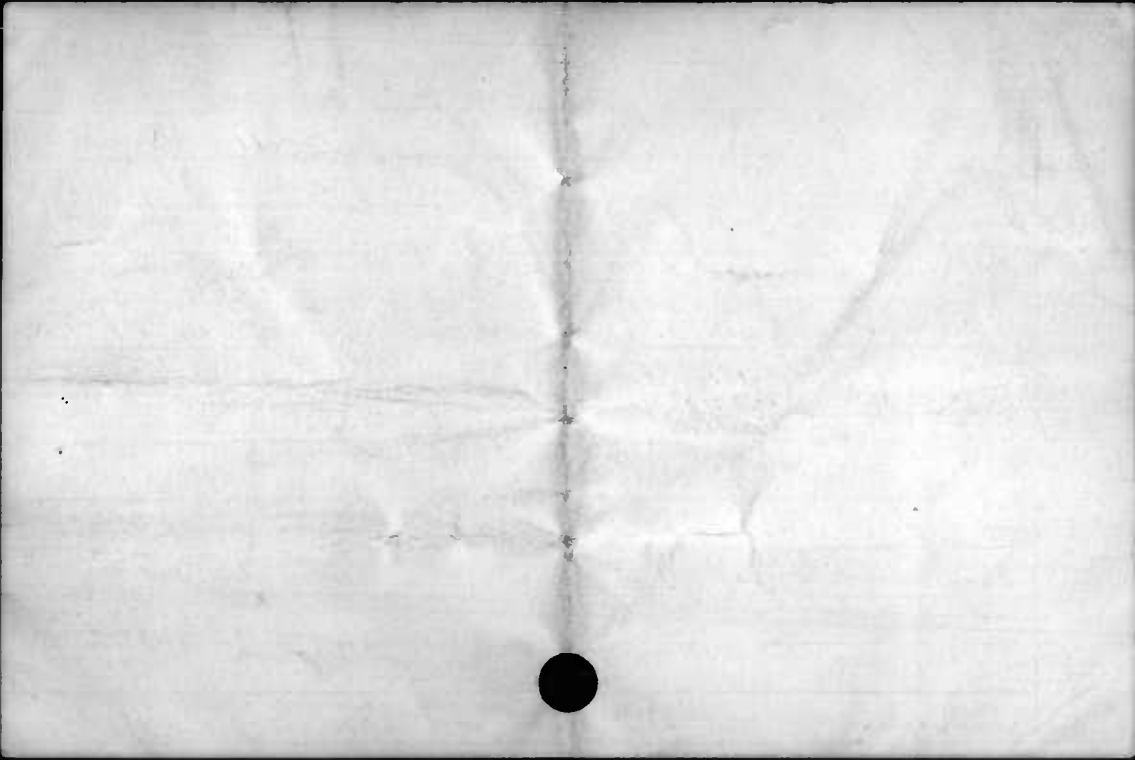
Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name in Full		Burlah Lockman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Harwick</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND		
	Date of death 1903	Month <i>Oct</i>	Day <i>3</i>	Age —	Years —	Months <i>11</i>	Days —
	Sex <i>Female</i>	Color or Race <i>White American</i>		Birth- place <i>New Harwick</i>			
	Married, Single and Widowed			Occupation _____			
	Name of Wife or Husband <i>Emma Lockman</i>						
	Father's Name <i>Graham Lockman</i>			Father's Birthplace <i>Harwick Md</i>			
Mother's Maiden Name <i>Emma Parks</i>			Mother's Birthplace <i>New Canton</i>				
Name of person giving In formation <i>Father</i>			How related to deceased <i>Father</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Whooping Cough</i>			How long <i>3 weeks</i>			
	Immediate <i>Malarial Fever</i>			How long <i>10 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>J J Houghton</i>			
	Accident or Suicide? <i>no</i>			Address <i>Harwick Md</i>			



Name
in
Full

Anna J McDowell

CERTIFICATE OF DEATH

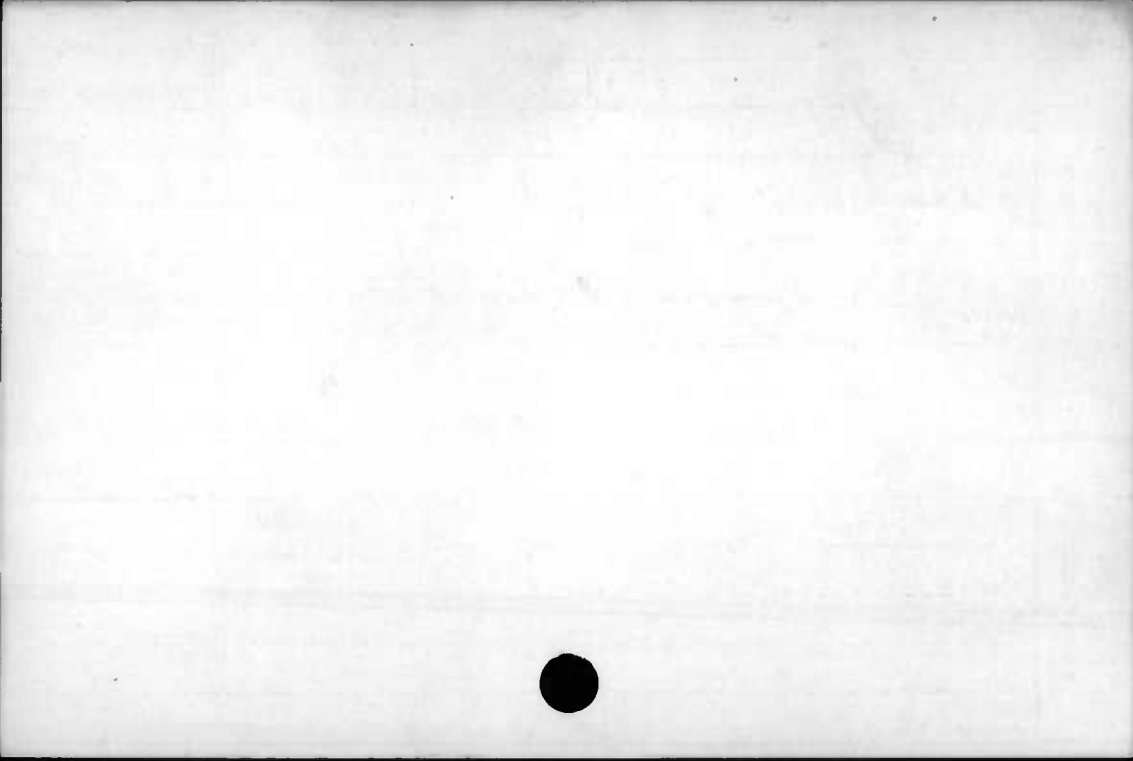
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Liberty Grove</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death 1903	<i>Oct</i> ^{Month}	<i>9</i> ^{Day}	Age <i>28</i> ^{Years}	<i>9</i> ^{Months}	<i></i> ^{Days}
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Calvert Co Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housekeeper</i>				
Name of Wife or Husband <i>Harry E McDowell</i>					
Father's Name <i>James Jones</i>			Father's Birthplace <i>Washington D C</i>		
Mother's Maiden Name <i>Vianna Millard</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Harry E McDowell</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Phthisis Pulmonalis</i>	How long <i>2</i>
Immediate <i>Exhaustion</i>	How long <i>Two years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest Rowland</i>
	Address <i>Liberty Grove Md</i>
<i>Assistant Coroner</i>	



Name
in
Full

Franklin, T. Mackie 4 dist-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Fair Hill</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>29</i>	Age <i>60</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Lizzie Mackie</i>					
Father's Name <i>John Mackie</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Pathrine Andrews</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Eugene Mackie</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Six days</i>
Immediate <i>Pneumonia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David Mackey</i>
	Address <i>Lewisville Pa.</i>
Accident or Suicide?	

68



Name
in
Full

Ann Mahan

CERTIFICATE OF DEATH

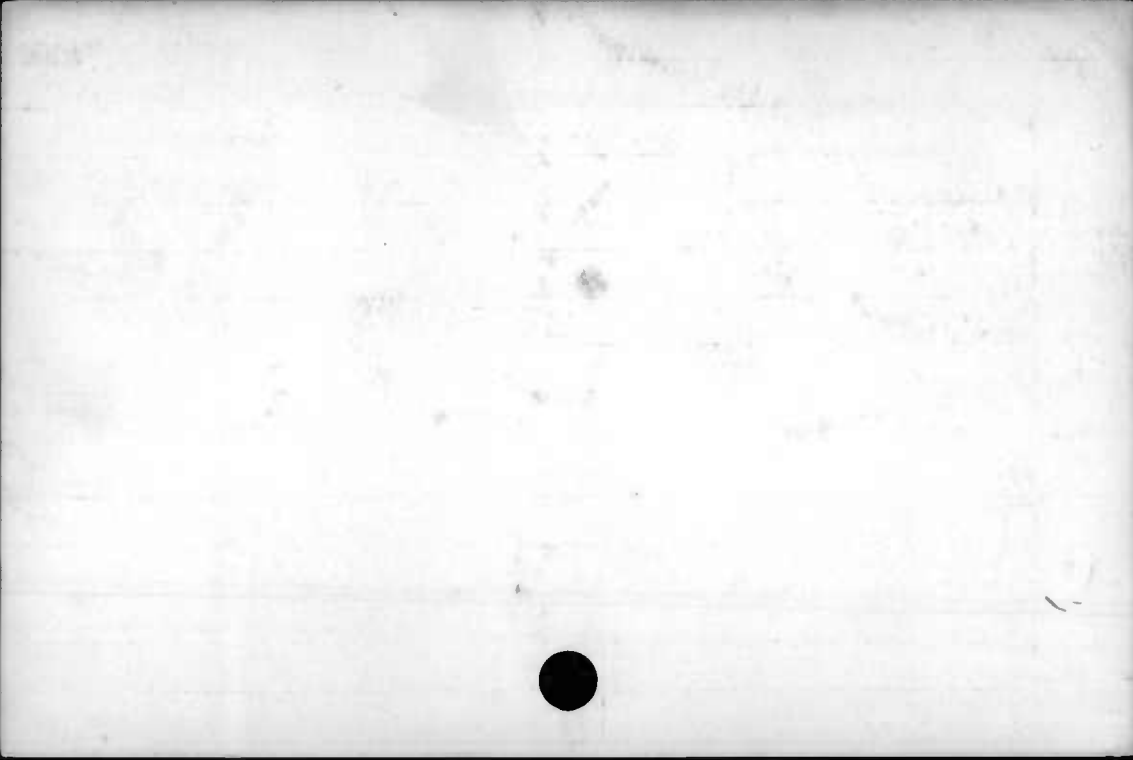
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Principio Furnace</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>4</i>	Age <i>88</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co</i>					
Married, Single or Widowed <i>Widow</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>John Hince</i>		<i>43.</i>		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Oscar Blackson</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Breast -</i>	How long <i>Years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. M. Humph</i>
	Address <i>Prinville</i>
	<i>Maryland</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Am. L. Meane
 Town County

7th St

Died at

Brim

Lucie

MARYLAND

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

*10**29*

Age

*74, 9,**Ind**Farmer*

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Singl~~~~Widower~~

Number of children living

none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Harry Rittenhouse

Samuel Meane

Meloney

Cause of

Primary

Heart Disease

How long sick

5 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

O. L. Gifford

Address

Brim Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79223



Name
in
Full

Meisel

CERTIFICATE OF DEATH

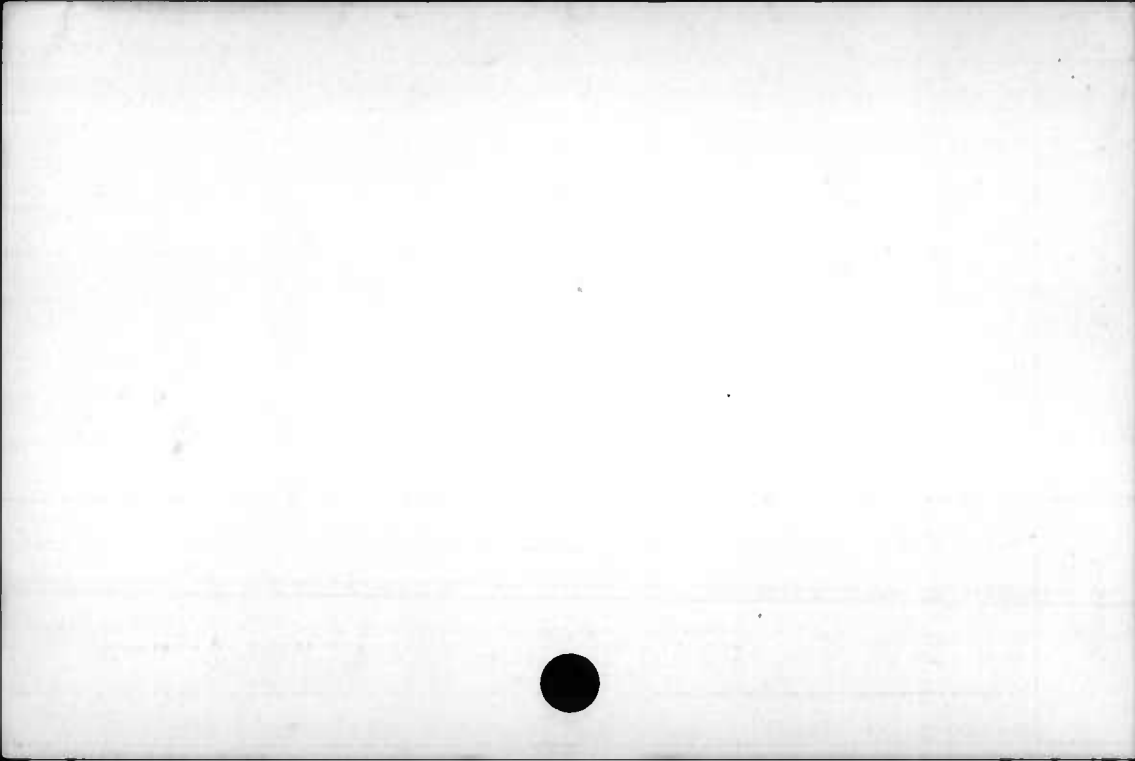
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death 19 <u>33</u>	<u>Oct</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Elkton</u>		
Married, Single or Widowed <u>S</u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Wm L Meisel S.</u>			Father's Birthplace <u>Cecil Co</u>		
Mother's Maiden Name <u>Maggie Butcher</u>			Mother's Birthplace <u>Wilmington Del</u>		
Name of person giving information <u>Maggie Meisel</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long <u> </u>
Immediate	<u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm S. Cawley</u>	
<u> </u>	Address <u>Elkton</u>	
Accident or Suicide? <u> </u>	<u>mel</u>	



Name
in
Full

Arbutha C. Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>North East</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190	3	Month <i>Oct</i>	Day <i>4</i>	Age	Years <i>—</i>	Months <i>7</i>	Days <i>6</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth- place	<i>North East</i>
Married, Single or Widowed				Occupation			
Name of Wife <i>Laura V. Mitchell</i>							
Father's Name				<i>Arthur Paluway</i>		Father's Birthplace	<i>VA</i>
Mother's Maiden Name				<i>Laura V. Mitchell</i>		Mother's Birthplace	<i>N.E.</i>
Name of person giving information				<i>A. Mitchell</i>		How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inanition</i>		How long	<i>From Birth</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Gro S. Rittenhouse</i>
			Address	<i>North East</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

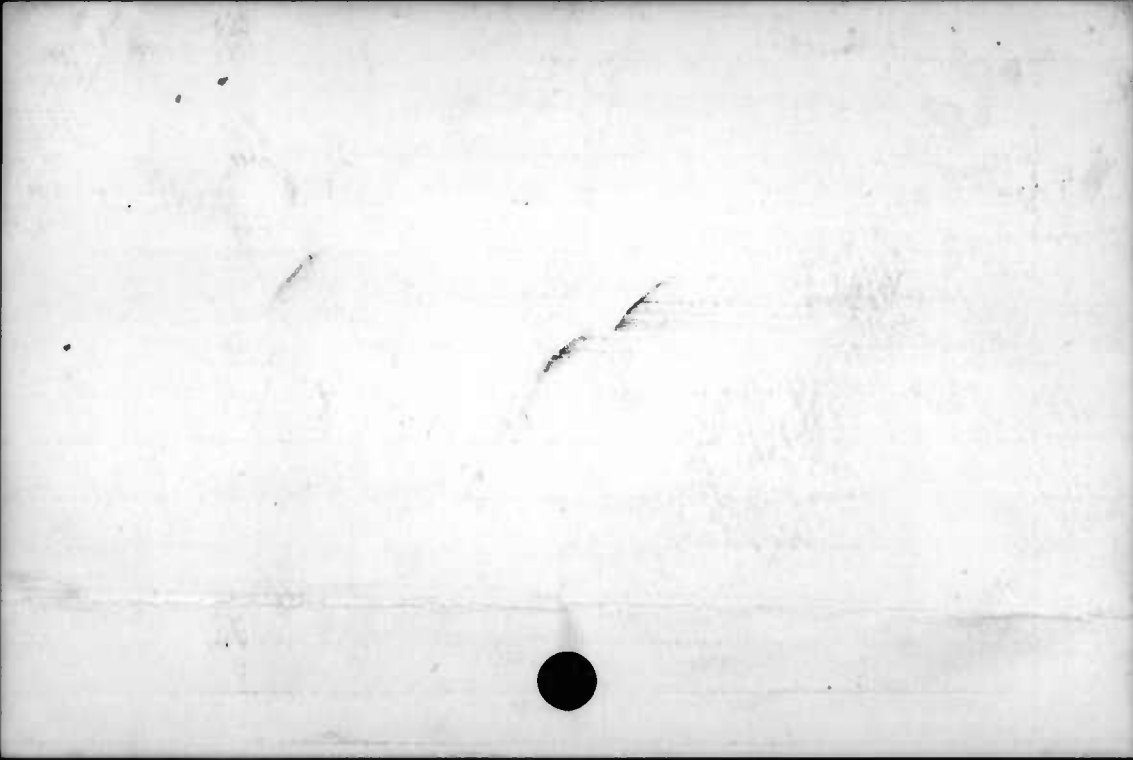
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Charleston</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Oct</u>	Day <u>22</u>	Years <u>10 days</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>boy</u>	Color or Race <u>white</u>		Birth- place <u>Charleston</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>W. Curtis Reed</u>			Father's Birthplace <u>179</u>		
Mother's Maiden Name <u>Harrison</u>			Mother's Birthplace <u>Prima</u>		
Name of person giving in formation <u>B. Saunders</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hein</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>B. Saunders</u>
	Address <u>No. 100</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Viola Rhodes

Died at ^{Town} Middletown ^{County} Cecil MARYLAND

Date 1903 ^{Month} Oct ^{Day} 31 ^{Age} 3 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} _____

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced} ^{Female} ^{Colored} ^{Single} ^{Widow} ^{Number of children living}

Husband of _____

Wife _____

Father's Name Albert Rhodes Mother's Name Irene Rhodes

Cause of Death { Primary Catarrh
Immediate Leucop

How long sick 4 days
Accident, Suicide, Homicide

Reported by J. J. Houghton M.D.
Address _____ Warwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elija M Ryan

CERTIFICATE OF DEATH

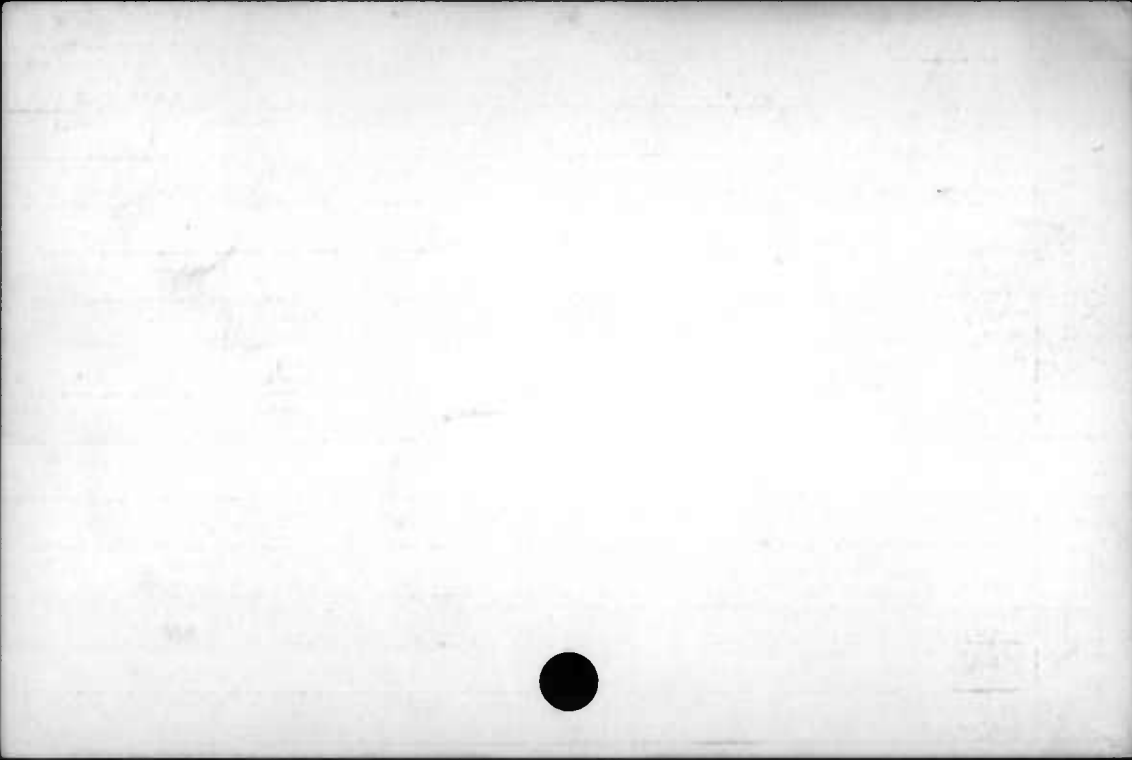
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blythe</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>10</i>	Day <i>17</i>	Age <i>51</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Wm J Ryan</i>					
Father's Name <i>Edward Jackson</i>		Father's Birthplace <i>Cecil Co</i>			
Mother's Maiden Name <i>Caroline Watson</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Caroline Jackson</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long <i>Three weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Gro. M. Stump</i>	
	Address <i>Princeton</i>	
	<i>Mary Penn d -</i>	
Accident or Suicide?		



Name in Full

Certificate of Death

Lyman Thomas Sharp

Died at *near Charleston* ^{Town} *Bevi* ^{County} MARYLAND

Date 19 *03* ^{Month} *Oct* ^{Day} *9* ^{Y.} *22* ^{M.} *22* ^{D.} *Penna* ^{Native of} *Knobler* ^{Occupation}
 Male ^{White} *Married* ^{Widow} *Divorced* ^{Number of children living}
~~Female~~ ^{Colored} *Single* ^{Widower}

Husband
of
Wife

Father's Name *Elijah B. Sharp* ^{Mother's} *Alice* ^{Maiden Name} *Shaffer*

Cause of ^{Primary} *Drowning* ^{How long sick}
 Death ^{Immediate} *Drowning* ^{Accident, Suicide, Homicide}

Reported by *Ricketts Ekison, Coroner*
 Address *Elkton, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Annie E. Weaver 3rd dist*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Cherry Hill</i>		Town <i>ccie</i>		County		MARYLAND	
Date of death <i>3</i>	Month <i>oct</i>	Day <i>23</i>	Age <i>63</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>				
Widowed <i>Widowed</i>			Occupation <i>Home work</i>				
Name Wife <i>Wm Weaver</i> Husband							
Father's Name <i>Geo Peterson</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Dealia Reutman</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Ella Morre</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Burned - accidental</i>		How long	<i>2 days</i>
Immediate	<i>Shock</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>J. S. Whitaker</i>		
Address		<i>Cherry Hill md</i>		
Accident or Swindle				

88



Name
in
Full

James Wright

9 Oct

CERTIFICATE OF DEATH

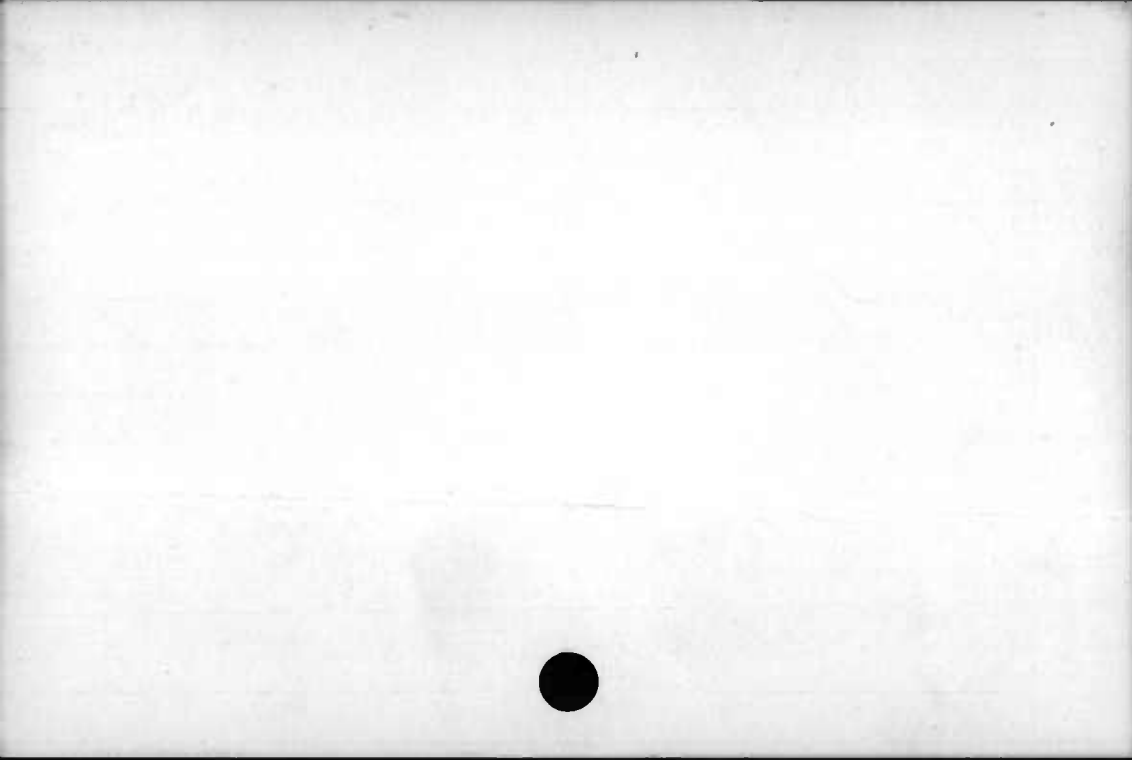
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greenhurst</i>		Town		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>17</i>	Age <i>62</i>	Years	Months	Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Lanc., Co Pa</i>			
Married, Single or Widowed			Occupation <i>Retired</i>				
Name of Wife or Husband <i>Sydney Harlan</i>							
Father's Name <i>James Wright</i>				Father's Birthplace <i>Lanc Co Pa</i>			
Mother's Maiden Name <i>Sydney Brown</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Elizabeth Wright</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Instantly</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Richardson</i>
	Address <i>Colombo, N.Y.</i>
Accident or Suicide?	



Name in Full		Unknown				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at ⁶² <i>Elkton</i> Town			County <i>Cecil</i>			MARYLAND	
		Date of death 190 <i>3</i> ^{Month} <i>Oct</i>		^{Day} <i>15</i>		Age ^{Years} <i>45</i> ?		^{Months}	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
		Married, Single or Widowed				Occupation			
		Name of Wife or Husband							
		Father's Name				Father's Birthplace			
		Mother's Maiden Name				Mother's Birthplace			
		Name of person giving Information				How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Immediate <i>Killed by Cars</i>				How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Wm. S. Cawley</i>			
						Address <i>Elkton Md.</i>			
		Accident or Suicide? <i>Accident-</i>							

